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NO. 0809 P. 3

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27581 7590 05/20/2004

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Molly Chlebeck	(Depositor's name)
Molly Chlebeck	(Signature)
June 21, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/558,871	04/28/2000	John F. Norris	P-8873	3151

TITLE OF INVENTION: IMPLANTABLE MEDICAL DEVICE AND METHOD USING INTEGRATED T-WAVE ALTERNANS ANALYZER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	08/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DROESCH, KRISTEN L	3762	600-S16000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- Daniel G. Chapik
- Girma Wolde-Michael
-

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Medtronic, Inc.

Minneapolis, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

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(Authorized Signature)

Daniel G. Chapik (43,424) *[Signature]* *[Date]*

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06/22/2004 AADOF02 00000101 132546 09558871
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**Medtronic**

Facsimile Cover Sheet

P-8873.00

To: Office of Publications
Company: U.S. Patent and Trademark Office
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From: Daniel G. Chapik
Company:  **Medtronic**
Phone: 763 514 3066
Fax: 763 514 6982

Date: June 21, 2004

**Pages including this
cover page:** 4

Comments: In re Application of: John F. Norris et al.
For: Implantable Medical Device and Method Using Integrated T-Wave
Alternans Analyzer
Serial No.: 09/558,871
Filed: April 28, 2000

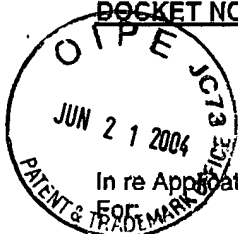
Attached please find the following documents:

- X Issue Fee Transmittal
- X PTOL FORM 85B
- X Fee Addressee for Receipt of PTO Notices Relating to Maintenance Fees

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DOCKET NO: P-8873.00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICEISSUE FEE TRANSMITTAL

In re Application of:

JOHN F. NORRIS ET AL.

For:

IMPLANTABLE MEDICAL DEVICE AND METHOD USING INTEGRATED T-WAVE ALTERNANS ANALYZER

Serial No.:

09/558,871

Filed:

April 28, 2000

CERTIFICATE OF FAX TRANSMISSION UNDER 37 CFR 1.8: I hereby certify that this ISSUE FEE TRANSMITTAL AND TRANSMITTAL and the paper(s), as described herein, are being sent to telefacsimile No. (703) 746-4000 at the Mail Stop Issue Fee, Commissioner for Patents, Alexandria, VA 22313-1450 on this 21st day of June, 2004.

Signature

Molly Chlebeck
MOLLY CHLEBECK
Printed Name

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Alexandria, VA 22313

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X Issue Fee Transmittal
X PTOL FORM 85B

X Please charge Deposit Account 13-2546 \$1,330.00 Issue Fee for a Total of \$1,330.00.

X Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time and charge same to Deposit Account 13-2546.

Date

6/18/04
Daniel G. Chapik

Reg. No. 43,424

Telephone: (763) 514-3066

Customer No. 27581